

CALIFORNIA STATE BOARD OF HEALTH

Weekly



Bulletin

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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the
Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 37

OCTOBER 28, 1922

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EDITOR

CALIFORNIANS ARE LIVING LONGER LIVES.

The lengthening of human life is a valuable index to general health conditions in any state, and the fact that the average human life in California has definitely lengthened during the past decade indicates that public health conditions throughout California have improved greatly during recent years. The extension in longevity, in 1920, for California, in fact, is considerably greater than is the extension in longevity, in 1910, for the United States. Computations made by the California State Board of Health show that California's gain over the United States in longevity is greatest for the period after 60 years of age.

Favorable climatic conditions, stability of temperature and humidity, good social conditions, comparative absence of the first generation of the foreign-born, the infrequent occurrence of severe summer diseases of children, and the immense amount of work leading to the conservation of child life accomplished recently in California, are, no doubt, the chief factors that have to do with the gain that has been made in California for the age period under 20 years. The gain in the period over 60 years, very probably is the result of the migration into California of large numbers of healthy individuals past middle life. Thousands of independent, able-bodied individuals, who come from

good race stocks, journey to California to spend in comfortable surroundings the latter part of their lives in this state. The number of such persons is sufficiently great to determine the gain in longevity in California for the age period over 60 years.

Centenarians Inconsistent.

The news columns are constantly carrying stories of centenarians, who are invariably asked for information concerning the factors to which they attribute their longevity. The reasons given represent a wide variety of inconsistencies. One centenarian attributes his long life to the use of tobacco and alcoholic beverages, while another attributes the long years of life to the fact that he has never used tobacco or alcohol. Another centenarian says that he has lived long because he has always worked hard and has had continuous worries in the struggle for existence. His claims are repudiated by others who have lived to a ripe old age, and who claim that ease and comfort have enabled them to pass the century mark. All such cases are exceptions rather than rules.

It is the extension in longevity for large groups of people only that counts. For an occasional individual, here and there, to live past the century mark is to be expected. How much more important it is for thousands of individuals to live ten years or more beyond the average age of death. Public health in California is

responsible largely for the fact that Californians are living longer lives than are the residents of most other states. The provision of more extensive preventive measures against communicable diseases, the improvement of living conditions, and the forces that have to do with the provision of better facilities for the care of the sick and for more extensive research into the causes of disease, have all contributed to longer life in California.

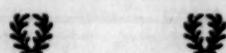
The chances for dying are much greater during infancy and during old age than in any other periods of life. The facts that such remarkable gains have been made at these two extremes of human life in California speaks well for the agencies that have brought about these gains. There is still much important work to be done in the prevention of deaths during early adult life. Cancer and nephritis are taking greater toll of lives each year. The tuberculosis death rate, while it has been lowered greatly, is still much too high. The migration to California of persons suffering from tuberculosis in an advanced stage is the greatest factor in bringing about a high death rate for this disease in California. There are many other problems connected with the conservation of life during the early adult stage, and it is among persons of this age group that public health authorities are chiefly concerned at the present time.

United States Ahead.

Comparing longevity for the United States with that of other countries shows results very favorable toward the United States. Residents of Australia and Sweden, however, have far greater chances of living to a ripe old age than have the residents of any other countries. In Australia there are more people alive up to about 68 years of age, and in Sweden over 68 years of age, than in any other of the countries shown. Expectancy of life is much less in India than for any other country. In India, for every hundred thousand born alive, nearly one-half have died before reaching 10 years of age. While in the United States, 81,900 out of every 100,000 born alive are still living at this age (10 years), meaning that 18,100 children under 10 years of age have died, while in Australia there have been only 12,500 such deaths. The chances of persons living to reach 10 years of

age, therefore, are about 51 to 49 in India; about 72 to 28 in Italy; 82 to 18 in the United States, and about 87½ to 12½ in Australia.

Death is inevitable and must come eventually to every living thing. Longevity means merely the postponement of death. The postponement of death, through the prevention of disease, is the chief aim of all public health work. That public health authorities have been successful in their work is shown not only in the reduced death rates for the various communicable diseases, but also in the resultant extension of human life in California. It is certain that the prevention of communicable diseases in early life is one of the greatest factors in preventing the development of other diseases in adult life, and there is substantial evidence at hand to show that through the prevention of communicable diseases, years may be added to the average human life. There is much to be done in the control of these diseases, and it is only through continuous earnest effort upon the part of health authorities in cooperation with the general public that longer, happier lives may come to all individuals within the state.



Septic Tank Has Limitations.

A certain septic tank manufacturer operating in California advertises that his tank is "Indorsed by State Board of Health Officials." It is not the policy of this State Board of Health to lend its name for advertising purposes and the exact nature of the alleged endorsement has not been made known.

A septic tank very often serves a useful purpose. Very often it is the wrong thing to install. The question to be settled is usually whether a septic tank or something else is needed, not whether this septic tank or that septic tank is best. All septic tanks are much alike in general design and operation. They are merely boxes, large or small, depending upon capacity required, in which the velocity of flow is retarded in order to permit larger solids to settle, thus partially clarifying the sewage.

The State Board of Health Bulletin No. 39 presents a general discussion of sewage disposal for the isolated home and will probably be of interest to anyone confronted with a problem of this kind.

TYPHOID VANISHING FROM CALIFORNIA.

The story of the gradual disappearance of typhoid fever from California is spectacular but not dramatic. The rescue of three hundred passengers from a burning steamship is dramatic and spectacular as well. The saving of eight thousand lives from typhoid fever during a period of fifteen years excites little interest in comparison with the three hundred saved from ocean perils, but the saving of those eight thousand lives from a preventable disease has a far-reaching economic and social aspect. To be sure, the death rates for other communicable diseases have been reduced greatly during the past fifteen years but none of them have been so nearly eliminated as has been typhoid fever.

In 1906 thirty-three persons out of every hundred thousand in California died of typhoid and in 1921 but four persons out of every hundred thousand died of this disease. Had the 1906 rate prevailed in 1921 there would have been nearly 1200 deaths from this disease last year, whereas there were actually 147 such deaths. Nearly every case of typhoid fever in California at the present time is contracted in the rural districts. Conditions in the larger cities where active health departments are maintained are responsible for the remarkably low rates for this disease in urban centers. When it is considered that most community water supplies in California find their sources in surface streams it speaks well for the control and treatment of municipal water supplies in this State. If the rural districts were able to control typhoid as it is controlled in the cities it is possible that our typhoid fever death rate for California might be made to approach the vanishing point. The California State Board of Health is, at the present time, providing every possible assistance to communities that are without safeguards against typhoid and is encouraging the strengthening of rural health departments in order that warfare against this disease may be more effective.

California Ranks High.

The last published typhoid fever death rate for the United States Registration Area was 7.8 per hundred thousand population, while the

same rate for California in 1921 was 4.1 per hundred thousand population. The only states achieving better records in typhoid control are the New England states of Massachusetts, Rhode Island, New Jersey, New Hampshire, New York, and Connecticut. Minnesota, however, a middle-west state, active in efficient public health administration and Wisconsin, another middle-west state, similarly active, are close contenders with Massachusetts for first place in the national typhoid roll of honor.

The large cities of California determine the downward trend of the typhoid fever mortality rate for the state. In 1921 our larger cities had typhoid death rates varying from 1 to 3 per hundred thousand population, considerably lower than the state rate of 4.1 per hundred thousand population. During some years the typhoid death rate for one of these larger cities approaches the higher state rate but when this occurs it can nearly always be traced to an outbreak of the disease among the residents of that city who have contracted their typhoid in one of the rural districts.

Making Vacations Safe.

Making vacations safe for Californians is one of the big pieces of work being undertaken by the State Board of Health. Campers have been encouraged in the use of municipal automobile camps in order that promiscuous camping with its almost certain pollution of streams may be done away with. All of these municipal and private automobile camps are under supervision of the California State Board of Health and rigid regulations for their control are constantly enforced. Most California cities are sending samples of their municipal water supplies, regularly, to the California State Board of Health for examination in order to make certain that the water furnished to the residents is of guaranteed purity. At least 100 California cities are treating their water supplies in order to insure the quality of the water supplied to the people of their respective communities. These are important factors in the reduction of the State's typhoid fever death rate.

We can well be proud of our successful combat against this king of filth diseases but we must also recognize the need for continued efforts in maintaining these remarkable records and in lowering them still further.

California has all of the attributes for making it the most healthful state of the Union. Continued effort in the improvement of sanitary conditions, active support of public health measures and willing cooperation upon the part of the general public are all necessary if these high standards are to be maintained permanently.



MORBIDITY.*

Smallpox.

Only 5 cases of smallpox were reported, two from Dunsmuir and one each from Inyo County Shasta County and Livermore.

Typhoid Fever.

Twenty-two cases of typhoid fever were reported, the distribution being as follows: Chico 1, Corning 1, Fresno County 1, Fresno 1, Long Beach 3, Los Angeles 4, Madera 1, Napa County 1, Oakland 1, Riverside 2, Sacramento 1, San Francisco 2, Santa Ana 1, Sonora 1, Whittier 1.

Cerebrospinal Meningitis.

Burbank and San Francisco each reported one case of cerebrospinal meningitis.

Dengue.

Los Angeles reported one case of dengue.

*From reports received to date for last week.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX	MEASLES
BERI-BERI	MUMPS
BOTULISM	OPHTHALMIA NEONATUM
CEREBROSPINAL MENINGITIS (Epidemic)	PARATYPHOID FEVER
CHICKENPOX	PELLAGRA
CHOLERA, ASIATIC	PLAQUE
DENGUE	PNEUMONIA
DIPHTHERIA	POLIOMYELITIS
DYSENTERY	RABIES
ENCEPHALITIS (Epidemic)	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
ERYSIPelas	SCARLET FEVER
FLUKES	SMALLPOX
FOOD POISONING	SYPHILIS*
GERMAN MEASLES	TETANUS
GLANDERS	TRACHOMA
GONOCOCCUS INFECTION*	TUBERCULOSIS
HOOKWORM	TYPHOID FEVER
INFLUENZA	TYPHUS FEVER
JAUNDICE, INFECTIOUS	WHOOPING COUGH
LEPROSY	YELLOW FEVER
MALARIA	

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAQUE	YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city; or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921				Reports for week ending Oct. 22 received by Oct. 26
	Week ending			Reports for week ending Oct. 21 received by Oct. 24	Week ending			Reports for week ending Oct. 22 received by Oct. 26	
	Sept. 30	Oct. 7	Oct. 14		Oct. 1	Oct. 8	Oct. 15		
Anthrax	0	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	5	0	4	2	0	3	1	2	2
Chickenpox	27	24	38	37	35	28	40	39	39
Dengue	0	0	0	1	0	0	0	0	0
Diphtheria	143	167	171	181	135	214	230	50	50
Dysentery (Bacillary)	1	1	2	0	3	2	24	14	14
Epidemic Encephalitis	1	1	2	0	3	8	2	2	2
Gonorrhoea	103	116	115	132	113	107	69	83	83
Influenza	14	29	22	16	6	15	25	10	10
Leprosy	0	0	0	0	0	0	1	0	0
Malaria	8	13	7	6	6	10	6	9	9
Measles	6	12	13	17	15	7	11	20	20
Mumps	25	22	40	28	44	41	51	54	54
Pneumonia	38	41	51	63	33	38	61	38	38
Poliomyelitis	2	2	2	0	18	6	6	20	20
Scarlet Fever	69	97	96	111	65	85	76	112	112
Smallpox	5	4	7	5	28	60	34	60	60
Syphilis	110	116	104	112	111	90	88	79	79
Tuberculosis	141	135	158	126	130	154	199	118	118
Typhoid Fever	32	23	21	22	30	31	26	22	22
Whooping Cough	32	30	81	47	34	28	32	45	45
	762	833	934	906	809	927	983	977	